

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10720302 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		2				
3		2				
4		2				
5		2				
6	1					
7		1				
8		1				
9		3				
10		3				
11		3				
12		3				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	30					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						